

GRD-IS 006 (Eng)

**Requested form for change chairperson or the independent study advisory committee**

**Faculty.................................................... Burapha university**

………………………………………………………………………………………..

**Subject** Request to change the chairperson or the independent study advisory committee

**To** Dean of Graduate School

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
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I am (Mr./Mrs./Ms.) Student ID

Program Major/Pathway Faculty

Beginning year of study ⭘ First Semester ⭘ Final Semester Study type ⭘ Full-time ⭘ Part-time

Contact telephone number E-mail

Request to change the chairperson/ independent study advisory committee

The previous independent advisory committee

 Opinion Signature

 1. Principal advisor .................................................................................... .............................................. ...............................

 2. Co- advisor .................................................................................... .............................................. ...............................

 3. Co- advisor .................................................................................... .............................................. ...............................

 Due to

Proposed new independent advisory committee Opinion Signature

 1. Principal advisor.............................................................................. .............................................. ...............................

 2. Co- advisor .................................................................................... .............................................. ...............................

 3. Co- advisor .................................................................................... ............................................. ...............................

I have already consulted the program director to change the chairperson or the independent study advisory committee.

Please be informed accordingly.

 Student Name

 ( )

 Date Month Year.

|  |  |
| --- | --- |
| □ Agreed □ Disagreed(Signature)…………………………………………..……… (……………………………………………….…)Program DirectorDate Month Year………………….. | □ Agreed □ Disagreed(Signature)…………………………………………..………… (……………………………………………….…)Head of Department/DevisionDate Month Year……………………. |
| □ Agreed □ Disagreed(Signature)…………………………………………..……… (……………………………………………….…)Dean, Faculty of………………………..Date Month Year………………….. | □ Approved □ Disapproved(Signature)…………………………………………..………… (……………………………………………….…)Dean of Graduate SchoolDate Month Year………………….. |